

DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

APPROVED  
OMB No. 1004-0115  
Expires November 30, 2000

75  
**SUNDRY NOTICES AND REPORTS ON WELLS**  
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

**SUBMIT IN TRIPLICATE - Other instructions on reverse side**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

KUKUI OPERATING COMPANY

(LARRY STRIDER)

3a. Address 610 VESTAVIA PARKWAY SUITE 240

VESTAVIA, ALABAMA 35216

3b. Phone No. (include area code)

205- 823-2977

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FWL & 440' FSL SEC. 35 T23S-R29E EDDY CO. NM

5. Lease Serial No.

NM-103604

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.

GOODNIGHT "35" FEDERAL # 3

9. API Well No.

10. Field and Pool, or Exploratory Area  
CEDAR CANYON -UNDES.

11. County or Parish, State

EDDY CO. NEW MEXICO

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other <u>Move location</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

1. Kukui Operating Company requests the approval to move the location of their Goodnight "35" Federal # 3 well from: 660' FSL & 660' FWL Sec. 35 T23S-R29E Eddy Co. NM.  
to: 440' FSL & 660' FWL Sec. 35 T23S-R29E Eddy Co. NM.

2. The reason for this move is to comply with the suggestion of the Mining Engineer in order to be able to get approval to drill this well.

14. I hereby certify that the foregoing is true and correct

Name (Printed/Typed)

Joe T. Janice

Title Agent

Signature

*Joe T. Janice*

Date

04/16/01

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

*Richard A. Wolf*

Title

Assoc State Dir

Date

4/19/01

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

ACTING STATE DIRECTOR  
Office NM-50

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.